

Infant Prenatal Substance Exposure: Wyoming Data, Policies & Services



STATE of WYOMING LEGISLATURE

presented to Labor, Health Social Services Committee, June 2022

Federal Requirements

1974 Child Abuse Prevention and Treatment Act (CAPTA):
provides guidance and formula grants to states re child abuse & neglect prevention, assessment, investigation, prosecution & treatment.

To receive funding, states must submit plan showing child welfare laws & policies in place.

(22RM015 p. 2)

Federal Requirements

2016 Comprehensive Addiction and Recovery Act (CARA) amended CAPTA.

States receiving CAPTA funding must have:

- Policies and procedures re infants affected by prenatal drug or alcohol exposure.
- Requirement that health care providers ***notify*** CPS system of infants with prenatal substance exposure (IPSE).
- System for development of post-discharge Plan of Safe Care for infant and caregiver.
- State system for monitoring referrals and service delivery.

(page 2)

IPSE Notification vs. CPS report

Report to CPS: occurs when there are safety concerns for the infant. DFS assesses report and child safety. Based on assessment, may initiate investigation.

Notification occurs when newborn has been prenatally exposed to substances and there are no other child protection concerns. Family referred to outside provider (e.g. Public Health Nursing or Parents as Teachers), not CPS, who develops Plan of Safe Care.

(page 3)

Wyoming efforts to meet federal requirements

State currently lacks a process for health care providers to notify DFS of infant prenatal substance exposure other than to make a CPS report.

DFS is working with WDH and National Center for Substance Use and Child Welfare technical assistance program to build a statewide notification system and procedures for healthcare providers to follow. (pp 3-4)



Wyoming Data: DFS Child Protective Services Reports

2021

- 173 reports of infants with prenatal substance exposure (IPSE)
- 142 infants
- 140 families
- 113 CPS cases opened
- 37 infants taken into protective custody

(page 5)

Wyoming Data: Hospital Discharge Data

(page 6)

Maternal County of Residence	2016	2017	2018	2019	2020	2021	County Total for all years
Albany	*	*	*	*		*	13
Big Horn		*				*	*
Campbell	*	12	*	14	14	10	66
Carbon		*	*	*	*	*	15
Converse					*	*	*
Crook	*			*	*		*
Fremont	*	13	*	17	20	15	75
Goshen		*	*	*	*		13
Hot Springs						*	*
Johnson	*						*
Laramie	*	14	27	28	16	*	91
Lincoln		*			*	*	*
Natrona	*	*	10	25	23	16	87
Park	*	*	*	*	*	*	20
Platte				*	*		*
Sheridan		*	*	*		*	*
Sweetwater		*	*	*	*	*	16
Uinta		*	*			*	*
Washakie		*	*	*	*		*
Weston					*		*
STATE TOTAL	32	67	71	106	100	67	443

Wyoming Data: Medicaid Births

(page 7)

33% of Wyoming births funded by Medicaid (approx. 2000 births/year)

Counties with highest percentage of Medicaid births (2020):

Fremont 49%

Sweetwater 37%

Natrona 38%

Goshen 37%

Hot Springs 37%

Campbell 36%

Big Horn 35%

Yellow = counties with highest numbers of substance-exposed infants

**Wyoming
Data:
WDH
Medicaid**

(page 7)

28% of Medicaid Pregnant Women have some form of behavioral health treatment needs.

5-8% Medicaid Pregnant Women seek treatment for illicit drug use

3% Medicaid Pregnant Women have alcohol-related diagnosis

50-75 newborns of Medicaid-funded births diagnosed with substance use withdrawal each year

2-4 newborns of Medicaid-funded births diagnosed with alcohol-related exposure each year

What SUD treatment services does Wyoming Medicaid cover for pregnant/postpartum women?

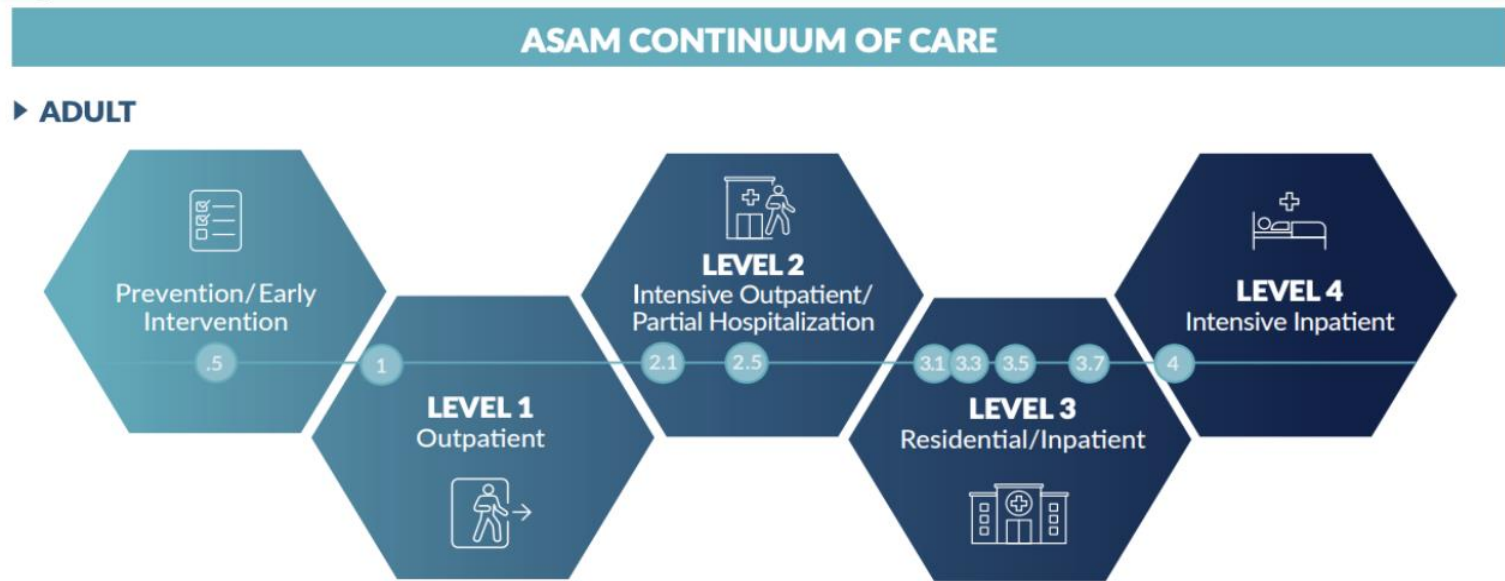
Wyoming Medicaid provides full health benefits, including limited Substance Use Disorder (SUD) treatment services, to eligible pregnant women during pregnancy and up to 60 days postpartum.

Approximately 70% of Wyoming Medicaid eligible pregnant women are disenrolled at the end of the 60-day postpartum period.

(page 9)



Wyoming Medicaid covers 3 of 9 ASAM Levels of Care (p. 8)



0.5 Early Intervention

1.0 Outpatient

2.1 Intensive Outpatient

2.5 Partial Hospitalization

3.1 Clinically Managed Low-Intensity Residential

3.3 Clinically Managed Population-Specific High-Intensity Residential

3.5 Clinically Managed High-Intensity Residential

3.7 Medically Monitored High-Intensity Inpatient

4.0 Medically Managed Intensive Inpatient



0-3 (7 states) 4-5 (9 states and DC) 6-7 (14 states) 8-9 (21 states)

WA, OR, CA, NV, UT, AZ, NM, TX, AK, HI, MT, ND, SD, WY, CO, NE, KS, OK, AR, LA, MN, WI, MI, IA, MO, IL, IN, KY, TN, MS, AL, GA, FL, VT, ME, NH, MA, RI, CT, NJ, DE, MD, DC, NY, PA, WV, VA, NC, SC

WDH State-funded Residential Treatment Beds

County	Community MHSA Facility	Total State-Funded Beds	Parenting Women Beds
Park	Cedar Mountain Center	6	0
Natrona	Central Wyoming Counseling Center	62	4
Sheridan & Laramie	Volunteers of America	118	8 (Sheridan only)
Sweetwater	Southwest Counseling Service	70	9
TOTAL		256	21

Yellow = one of 4 counties w highest number of IPSE. No state-funded parenting beds in other 3 counties (Fremont, Campbell & Laramie)

(p. 10)

2018 SUPPORT Act

Congress enacted the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act in 2018.

Pursuant to the Act, US DHHS issued guidance to states in October 2020 re opportunities to support family-focused substance use disorder (SUD) residential treatment programs for pregnant and postpartum women.

(pp. 11-12)



2018 SUPPORT Act

Opportunities to fund pregnant and postpartum women SUD treatment in family-focused residential treatment programs include:

- Flexibility under Medicaid, including waivers, to receive federal Medicaid funding.
- Use and coordination of Medicaid, Title IV-E and SAMHSA grant funding to support treatment services.
- Use and coordination of Medicaid and Title IV-E funding to support placing children with parents in treatment program.

(pp. 11-12)



Questions

